

FOCUS/HGAP REFERRAL FORM

★ ★ PLEASE ATTACH VERIFICATION OF HOMELESSNESS & ALL COURT ORDERED SERVICES ★ ★

Referral Date: _____ Time: _____

Referred by: _____ Phone #: (_____) _____

Date Referred To Housing Agency: _____ ☐ PHN ☐ MDC ☐ Exodus

Family Demographics

Family Members	Full Name	Birth Date	Age	Gender	Race	Social Security #	Current Living Situation and/or Placement of Child
Primary:				M <input type="checkbox"/> F <input type="checkbox"/>			
Secondary:				M <input type="checkbox"/> F <input type="checkbox"/>			
Child #1:				M <input type="checkbox"/> F <input type="checkbox"/>			
Child #2:				M <input type="checkbox"/> F <input type="checkbox"/>			
Child #3:				M <input type="checkbox"/> F <input type="checkbox"/>			
Child #4:				M <input type="checkbox"/> F <input type="checkbox"/>			
Child #5:				M <input type="checkbox"/> F <input type="checkbox"/>			
Child #6:				M <input type="checkbox"/> F <input type="checkbox"/>			

Family Contact Information

Current Address: _____ Contact Phone #: _____

Prior Address: _____ Cell Phone #: _____

Message Contact Person: _____ Message #: _____

Current Community Providers

DCFS Social Worker: _____ Phone #: _____

Drug Court Counselor: _____ Phone #: _____

PCA Case Manager: _____ Phone #: _____

GAL/CASA: _____ Phone #: _____

PCAP Case Manager: _____ Phone #: _____

FPS Provider: _____ Phone #: _____

Attorney: _____ Phone #: _____

Therapist: _____ Phone #: _____

Other: _____ Phone #: _____

Mental Health Agency: _____ Therapist: _____ Phone: _____

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Substance Abuse Information

Drug(s) of Choice: _____ Age began using: _____

Date of last use: _____ Drug Court Admit date: _____

Current Drug Court Phase: _____ Graduation Date: _____

Housing Needs

Preference Area: _____ Trigger areas: _____

of Bedrooms: _____ # of family member planned to reside within home: _____

Eviction History: Y N Date(s): _____ Eviction Currently in Collections: Y N

Reason for eviction: _____

Financial

Current Income Source: _____ Amount per month: _____

Currently Employed: Y N Whom: _____ Employer: _____

Family Specific Information

Family Reunification Plan; what must be in place for reunification to occur: _____

Safety Issues/Concerns: _____

Domestic Violence Issues/Concerns: _____

Felony Convictions: ☐ Y ☐ N Charges: _____ Date of conviction: _____

Current Justice Involvement: ☐ Y ☐ N PO: _____ Phone#: _____

Please Explain: _____

Family Strengths and Successes: _____

Specific Referent Requests AND/OR Other Pertinent Information: _____